According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0127. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0127

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

21403093

EQUINE INFECTIOUS ANEMIA TEST FORM

FORM SERIAL NUMBER AA 1193663

COMPLETETION OF ALL UNSHADED NUMBERED FIELDS IS REQUIRED FOR SUBMISSION, IF NONE WRITE "NONE" AND TYPE OR PRINT LEGIBLY.

1. LABORATORY ACCESSION NUMBER *(for laboratory use only)*	2. DATE BLOOD DRAWN	3. TEST REQUESTED BY VETERINARIAN
	4-12-21	☒ ELISA ☐ AGID

4. REASON FOR TESTING

☐ Interstate Movement ☐ Within State Use/Annual ☐ Change Ownership/Sale ☐ International Import/Export ☐ Illness/Clinical Suspect ☐ Investigation/Exposure

5. LOCATION OF EQUINE AT BLOOD DRAW *(ranch, farm, stable, or market)*	7. NAME AND ADDRESS OF OWNER
5a. NAME	7a. NAME Cathie Textar
5b. PHYSICAL/STREET ADDRESS Same as #7	7b. MAILING ADDRESS 28 Creek Road
5c. CITY, STATE, ZIP CODE	7c. CITY, STATE, ZIP CODE Kennedy, NY 14747
5d. TELEPHONE NUMBER / 6. COUNTY OF EQUINE AT BLOOD DRAW	7d. TELEPHONE NUMBER

I CERTIFY I AM A CATEGORY II FEDERALLY ACCREDITED VETERINARIAN, AUTHORIZED IN THE STATE WHERE THE SAMPLE WAS OBTAINED, BY ME, FROM THE ANIMAL DESCRIBED BELOW.

8. ACCREDITED VETERINARIAN

8a. VETERINARIAN NAME	8b. NATIONAL ACCREDITATION NUMBER	8c. VETERINARIAN SIGNATURE	8d. SIGNATURE DATE
Timothy Rice	055321		4-14-21

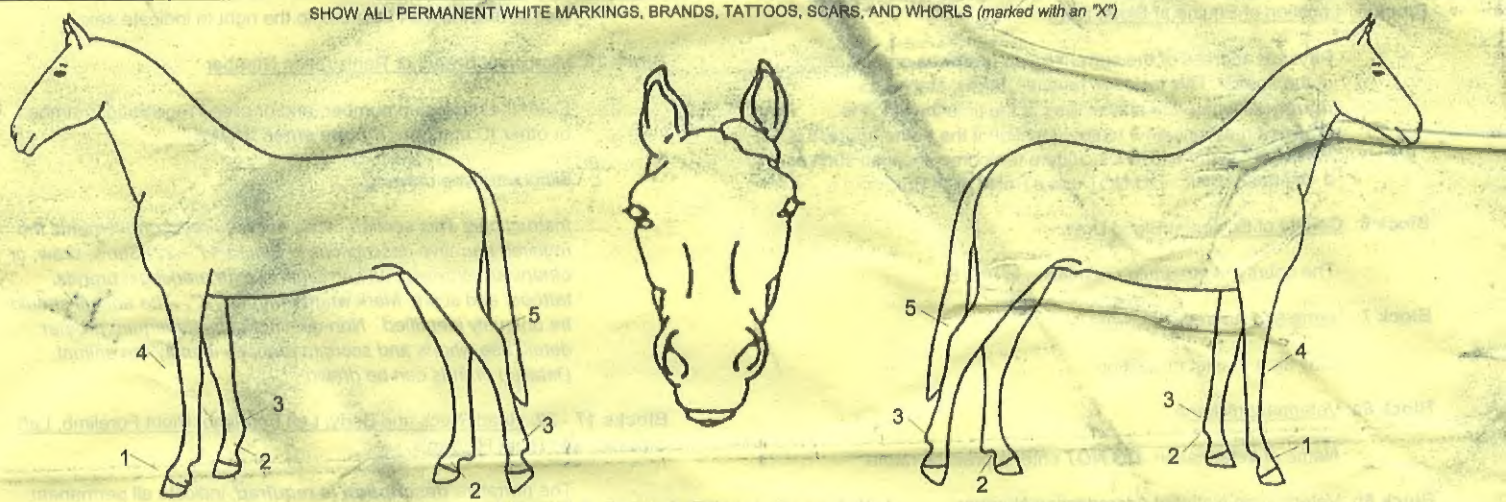
8e. PHYSICAL/STREET ADDRESS OF VETERINARIAN	8f. CITY, STATE, ZIP CODE	8g. TELEPHONE NUMBER
5273 Stow Ferry Rd	Stow NY 14785	716-789-3806

9. Tube Number	10. Tag/Tattoo/Brand Number	11. Name of Animal	12. Color	13. Breed *(or species if not a horse)*	14. Age or DOB	15. Sex
		Sport Royal Caliope	Bay	Tbred		F

M - Male Intact
F - Female Intact
G - Gelding
FS - Female Spayed

16. MICROCHIP, BREED, OR REGISTRATION NUMBER

SHOW ALL PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS *(marked with an "X")*



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Carpus, 5 - Hock

REQUIRED: *NARRATIVE DESCRIPTION OF PERMANENT WHITE MARKINGS, BRANDS, TATTOOS, SCARS, AND WHORLS. (If none write none) Suggested nomenclature includes Heel, Heels, Coronet(1); Half Pastern, Pastern(2); Fetlock(3); Half Canon, Canon, Carpus/Hock(4/5) above Carpus/Hock*

17. HEAD	18. NECK AND BODY *(include coat color patterns, if any)*
Narrow blaze	
19. LEFT FORELIMB	20. RIGHT FORELIMB
sock	sock
21. LEFT HINDLIMB	22. RIGHT HINDLIMB
stocking	stocking

FOR LABORATORY USE ONLY

23. EIA LABORATORY NAME	24. DATE SAMPLE RECEIVED	25. DATE RESULTS REPORTED	26. OFFICIAL TEST RESULT	27. TEST TYPE USED
			☒ Negative ☐ Positive	☐ AGID ☒ ELISA
	28. LABORATORY REMARKS			
23a. CITY				
23b. STATE	29. SIGNATURE OF NVSL - APPROVED EIA TECHNICIAN		30. INTERIM RESULT REFERRED FOR CONFIRMATION ☐	

APR 18 2021

FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

VS FORM 10-11
FEB 2018

Previous editions may be used.

PART 3 - OWNER